

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES WIC AND NUTRITION SERVICES MISSOURI WIC APPROVED FOOD REVIEW

Missouri WIC Program Use Only WIC Application #

Hot Cereal Application

The application must be postmarked by February 29, 2008. PART 1. Applicant Use (This form must be completed for each product to be reviewed.) Name of Product (Print the name used for assigning UPC codes) Name of Brand Packaging Information: Check one. ☐ One Box / Bag ☐ Individual Envelope / Package UPC Code: Size of Box: Ounce Ounce Suggested Retail Price: Ounce/Serving (Individual Pkg.) Ounce/Serving (Individual Pkg.) Question 1 - 3: Must complete for Category I and II. See guidelines. 1. Sucrose and other sugar content: grams (gm)/100 gm of dry cereal milligrams (mg)/100 grams of dry cereal 2. Iron content: □ No Question 4 - 9: Must complete for Category II. See guidelines. 4. Does this cereal have whole grain as the primary ingredient by weight? ☐ Yes ☐ No 5. Does this cereal contain a minimum of 51% whole grains using dietary fiber as the indicator?

Yes

No 6. Fiber: gm/100 gm grain 7. Total fat: gm/ Reference Amounts Customarily Consumed (RACC) 8. Saturated fat: gm/RACC 9. Trans fat: gm/RACC* 10. Cholesterol: gm/RACC* PART 2. Contact Information Name of Company That Submitted This Product Contact Person Mailing Address City State Zip Code E-mail [PRINT] Phone Fax Signature of Applicant Date PART 3. Missouri WIC Program Use Only □ No Reasons for Disapproval Signature of Person Who Evaluated the Application Date